

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO. _____
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
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48		1				
49		1				
50		1				
TOTAL NO.						
TOTAL DEF.						
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL DEF.						
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